

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/025,184
APPLICANT(S) _____

FILING DATE _____

CLAIMS						
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1						31
2						32
3						33
4						34
5						35
6						36
7						37
8						38
9						39
10						40
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47						
48						
49						
50						
TOTAL IND.	2	2				TOTAL IND.
TOTAL DEP.	4	3				TOTAL DEP.
TOTAL CLAIMS	6	5				TOTAL CLAIMS